

James P. Screven

admitted March 13, 1820

James P. Screven

Whitcomb Market Light

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To the inflammation of the liver, the technical term *Hepatitis* has been applied by nosologists. It has been very properly divided into two species, the acute and the chronic.

In the following dissertation, I shall, in the first place, give a description of the two kinds of hepatitis, and lastly detail the approved mode of treating each.

Acute hepatitis comes on with chilliness succeeded by pain in the right hypochondrium, extending up to the clavicle and shoulder of the same side most usually, though it sometimes shoots up to those parts on the left side. The pain is sometimes acute, but it is often dull, and is increased by pressure upon the part. The patient lies with difficulty, except on the side which is affected. The lungs, from their vicinity to the seat of the disease, are much oppressed, there is difficulty



of respiration, and a dry, troublesome cough. Nausea and sickness attend, and there is sometimes a vomiting of bilious matter. The pulse is frequent, strong and hard. The skin is hot and dry. The tongue is generally covered with a white fur, but it is sometimes yellowish. The bowels are costive. There is want of appetite, and great thirst attends. The urine voided is high coloured, and small in quantity. When the disease has continued some days, the skin and eyes assume a yellow hue, but, as Cullen observes, this does not constantly occur.

The fever, which accompanies such inflammation of the liver, does not exist in an equal degree in all cases.

Blood when drawn throws up the buffy coat, observed in all cases of inflammatory disease.

In chronic hepatitis, when its symptoms

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are well marked, there is an obtuse pain in the region of the liver, extending to the shoulder, with a sense of weight and of fulness. The liver is somewhat enlarged and hard, and there is sometimes a slight difficulty of breathing. With these symptoms, there is often a morbid complexion, the body is emaciated and appetite is lost. Costiveness attends, and symptoms of indigestion exist. The skin and eyes are tinged with yellow. The stools are clay-coloured, and the urine high-coloured, depositing a catenitious sediment.

When these symptoms appear, the existence of the disease is easily ascertained, but sometimes they are far from being so well marked. The patient may suffer very little pain, and make but little complaint, and yet the inflammation may run on to the suppurative stage and this obser-

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red to be the case on dyspepsia. It is remarked by the writers on hot climates that this is very much the case in the East and West Indies, and that very often, the existence of the disease can only be ascertained by some secondary symptoms, such as a diarrhoea, dry cough, and yellowness of the skin and eyes, with some tenderness of the right hypochondriac region on pressure.

We have thus very briefly attempted to give an outline of the symptoms of each of the species of hepatitis. To prescribe the precise limits of each, would be impossible, for they are both one and the same disease, and are convertible into each other. The Chronic species is generally the consequence of the acute neglected or badly treated, and differs from it merely in the degree of inflammatory action and some other circum-

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stances which have been already noticed. In the one case, we have always more or less perceptible symptoms of genuine inflammation, in the other, the symptoms are of less violence as to their inflammatory tendency, and are often so obscure that the existence of the disease is sometimes doubtful, and may even be not all recognized. Cullen thought it probable, that acute hepatitis is always an affection of the external membrane of the liver, and that the parenchyma is of the chronic kind.

A distinction has been made between the symptoms, that occur when the inflammation occupies the convex and when it is seated on the concave surface of the liver. It is said, that with the pain, there is a cough and difficulty of breath, when the convex surface is affected,



and that it is the concave which is  
inflamed, there is sickness and vomiting,  
in consequence of the vicinity of the stomach  
to that part. Another distinction has  
been attempted to be made between the  
symptoms of superficial and those  
of the deep seated inflammation, the  
exam being in the former case acute, and  
in the latter obtuse. But these distinc-  
tions, I believe, to be equivocal; and  
even if they are founded in fact, they  
are useless, inasmuch as they do not  
at all influence our practice.

The usual terminations of hepatitis,  
are in resolution or suppuration. In  
warm climates it is particularly apt  
to terminate in the last mentioned  
way. Gangrene has been the result, though  
very rarely, of intensely acute inflam-  
mation of the liver. It sometimes



in sciorkus. By the employment of the plan  
of localment, of which we shall soon  
have occasion to speak, it may in gen-  
eral be resolved, and this happy ter-  
mination we may be led to expect, when  
the inflammatory symptoms gradually sub-  
side, the pain abates, and there are  
other symptoms of returning health. On  
the other hand the violent inflammatory  
symptoms continuing, the intense pain in  
the region of the liver, costiveness and  
recurrence of frequent rigours, denote  
approaching suppuration. When an  
abscess has formed its existence is ascertained  
by a diminution of pain, weight in the organ,  
increase of the evening paroxysm of fever,  
and the symptoms of hectic. Gangrene  
is indicated by continual hiccup, a sinking  
pulse and cold extremities.

Deflections of this disease show





It is to be in a very morbid state. The liver is found enlarged, and darker and harder than it is naturally. It is very commonly connected to the lungs in its vicinity by the matter of adhesion and its membranes more or less affected with inflammation. In its substance, are not uncommonly found abscesses containing large quantities of pus. A very unusual morbid appearance, is that in which it is in a state like a hemocyst.

The Escapes with which Hepatitis is most liable to be confounded are Pleurisy and a Gastritis. It is distinguished from pleurisy by the pain extending up to the diaphragm by the cough which is common in pleurisy dry, and the breathing is difficult. The symptoms of the Pleurisy is often attended in Hepatitis when it is advanced with dullness in the



our diagnosis. From Gastritis it may be very readily distinguished, by there being less gastric distress, by the articles taken into the stomach being better retained, and by there being less prostration of strength and the pulse fuller and stronger.

In dysentery, evacuations of different kinds sometimes prove critical. A hemorrhage from the nose, and hemorrhoidal vessels, & bilious diarrhoea, in catarrh, and copious evacuations of urine deposing a quantity of sediment, have all given a solution to the disease, as it very seldom is accompanied by resolution. It has also been known to go off, on the appearance of an erysipelas on some external part.

Like most other diseases of the urinary organs, it is of most frequent occurrence in tropical climates, as those of the East and West Indies, and in those countries,



it generally assumes the chronic form.

The causes of Hepatitis are those of inflammation in general as cold and external violence, from falls and contusions. But beside these are various summer fevers, violent excoerise, raptures of the mind, long continued intermittent and remittent fevers solid concretions in the substance of the liver, and the immoderate consumption of spirituous liquors.

According to the plan of treating this Hepatitis was very generally used. Blood letting is the remedy which is used before all others. In high inflammatory action, the immense size of the organ involved, the pain which attends, the oppressed respiration, in fine every symptom of the disease calls loudly for the use of the lancet. We have stated, in our history of the disease, that it has the greatest tendency to imper-



formation and is rapid in its progress towards it; now to prevent its occurrence, we should endeavour, by the early and copious de-  
traction of blood, to dissipate the inflamma-  
tion, and this object is to be had in view  
throughout the treatment. It would be  
more than idle at this day, to attempt  
to prove, that bloodletting cannot be dis-  
pended with. Its efficacy is admitted  
on all hands. Experience is in its favour,  
and there can be no higher authority  
for its adoption. Blood should, in the  
first instance, be copiously drawn, but  
the quantity must, as in all cases of dis-  
ease, very much depend on the consti-  
tution of our patient and the existing  
symptoms. I know of no disease in which  
bloodletting may be carried to a greater  
extent, in which it is more warrantable,  
or in which it will be attended with





more decided efficacy & repetition of the operation will in general be demanded; nor should we withhold it, whenever the symptoms call for it. The rule is to bleed so long as "the pulse remains full and strong, and the pain on the side pungent." Bleeding from a large orifice, is a very important circumstance to be attended to, and should not be neglected.

After general bleeding, topical depletion by cups and leeches may be resorted to advantageously. These are to be applied immediately over the region of the liver.

In aid of venesection, purging should be called in requisition. It cannot well be dispensed with. Besides the importance of opening the bowels, which are generally in a costive state, there is another point of view in which cathartics are indicated.



to do good. By their well known power over  
the circulation they diminish its force, and  
arrest congestion. the attainment of both  
of which objects is very desirable in the  
disease under consideration. The Cathar-  
tic, which is best entitled to our selection,  
is Calomel. Its reputation in the cure of  
hepatic diseases is very great, nor is its  
efficacy in this particular one less acknow-  
ledged. To quicken its action, some one  
of the more powerful cathartics may be  
added, as Jalap or Rhubarb. It is usual  
also to use some cooling purge, and  
may in some cases we have sufficiently  
depleted the bowels with the cathartic  
above recommended, to keep them in a  
soluble state.

Hooping, by these means, sufficient  
by reduced febrile action, a blister should  
be applied over the region of the liver,



of a large size. If the effect we desire is not produced by its first application, it should be repeated.

When the force of the disease is not checked by the directly depletive measures recommended, as in other inflammatory complaints we may excite a diaphoresis by means of the stilder measures. For this purpose, nothing is better calculated, than a combination of the tartaric of antimony and the nitrate of potash.

The treatment of acute hepatitis, must be antiphlogistic from the beginning to the end of it, and should be rigidly enforced.

In this plan is it to be combated. But cases occur, in which all of our measures prove unsuccessful. Under such circumstances we are justified in resorting to Mercury. Practitioners in the East and



West Indies depend in a great measure  
on it alone using it in the first attack,  
without having any other remedy. But  
such practice does not answer in this  
country. It is here attended with so much  
inflammatory action, that depletive rem-  
edies are absolutely necessary, and by this  
treatment we are often rewarded with success,  
but whenever it proves refractory to these  
measures, we put the system under the action  
of mercury. The utility of this practice  
is now, I believe, generally recognized.  
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As we before observed, our disease ra-  
pidly tends toward suppuration, and all  
of our remedies are calculated to prevent  
its occurrence. When an abscess has formed  
its contents may be discharged externally,  
or into the stomach, or the bowels through  
the diaphragm into the thorax, or into the





cavity of the abdomen. When it opens into the  
stomach or small matter is voided either by  
vomiting or by stool. When into the thorax,  
it is sometimes coughed up. If into the cav-  
ity of the abdomen, it proves quickifatal.  
The most favorable out for the pus, is  
that where it is discharged externally; in  
consequence of the formation of adhesions  
between that part of the peritoneum cover-  
ing the liver and that which lines the  
parietes of the abdomen. Now the obvious  
indication is to promote its discharge  
outwardly, and to answer it, emollient  
poultices should be applied. When the  
abscess points, and there is evidence from its  
punctation of the existence of matter, it should  
be early opened by incision and its contents  
discharged. When however, it does not point,  
and there are symptoms denoting the for-  
mation of pus, we are fully justified by



experience in many an opening into the  
subject and awaiting it.

The more different plan of treating  
Syphilis, whether considered in a historical, mor-  
tual sense, or our learned professor, Dr  
Hagmann, very justly observes "all other  
reasons and modes of treatment in con-  
sidered inevitable are only feasible tempo-  
rarily as it improves the temperance." The  
influence of the poison is very generally  
recognized, but all systems are not agreed  
as to the extent to which it should be  
removed. Dr. Van Groyen advises that it be  
sufficient to give anti-phlogistic a vigorous  
salivation, while on the contrary, Hare  
contends that a profuse salivation is un-  
necessary, and that it is indeed for this  
point I believe that the medical mind  
is rather well made up in favour of  
the gradual introduction of mercury.



into the system, and of keeping up a gentle  
glyster, till every symptom of the disease  
has disappeared.

During a course of mercury, the lan-  
cet will sometimes be called for, not should  
its use be withheld; but it will not be neces-  
sary to extend blood so copiously, as in the  
acute form. Topical bleeding may also be  
recurred to advantageously.

A perpetual blister may be worn  
over the region of the liver; and is perhaps  
the best local remedy: An issue or a seton  
may be substituted for it. In defence  
of a seton, Dr Caldwell observes, that when  
all other remedies had failed of a perfect  
cure, he has known chronic hepatitis  
completely removed, by its long contin-  
ued action.

Cases sometimes arise, in which the  
mercurial proves unsuccessful, or in which



It is indicated by the insupportability of the patient. Under such circumstances, the nitric acid has of late been advantageously employed, and should certainly be resorted to. But more recently, the nitro-muriatic acid has been very highly extolled, as a substitute for mercury. Dr Scott, the author of the practice, employs it in a diluted form as a bath. But says that the same effects are produced by 'sponging' the body with it. The acid which he employs is composed of equal weights of the nitric and muriatic acids, and in its effects somewhat resembles mercury, producing ulceration of the gums, which does not extend deeper than the ulcers, and exciting the flow of saliva. It is thought to be more particularly applicable to the mixed cases of the disease, in which it partakes of both the acute and the chronic states of inflammation in

• The strength of the bath is regulated by the degree of irritability of the patient's skin. It should be strong enough to prick the skin a little after exposure to 5 or 50 numbers.





addition to Dr Scott's testimony in favour of  
it, he has adduced that of some of his  
countrymen, who, by its application to the  
chlorine in its composition, and supposes  
that the most powerful purgatives  
of mercury do good in this disease, in con-  
sequence of the presence of the same prin-  
ciple.

The patient should be kept in flannel  
and exposure to cold and moisture should  
be avoided. As he is very weak, and  
in a debilitated state, if he is under  
mercurial treatment, a saline solution  
is not indicated, as he must be exer-  
cised in the open air, but for this pleasant  
weather should be chosen.

The same regimen should be observed  
in this as in all other inflammations. When  
the inflammation is acute the diet should  
be very low. In chronic cases, it should



always be of a light and digestible nature. Every kind of stimulating food should be religiously avoided. In all of the stages of hepatitis, an antiphlogistic regimen should be observed, and should be more particularly attended to, where the system is in a febrile state. Temperance should be enjoined in all things. The use of spirituous liquors is particularly to be reprobated. The best drink is water. All irregularities of living should be avoided, when there is any predisposition existing to hepatitis. A change of climate is often attended with the happiest results, and a temperate one should always be chosen.

To prevent hepatitis, all of the existing causes of the disease should be avoided.

We have now concluded the consideration of our subject, but we must



acknowledge, that much which was due to  
it, has been neglected, but this is attribu-  
table rather to the confined limits of an  
essay, than the want of a desire on our  
part to treat it fully and satisfactorily.

